

Louisiana Department of Healh Informational Bulletin 12-3

Revised Feb. 1, 2015

Member ID Cards

Aetna Better Health Louisiana

AETNA BETTER HEALTH®

aetna

Bayou Health

Member ID# 000000000-00 Member Name Last Name, First Name Date of Birth 00/00/0000 Sex X

PCP Last Name, First Name

PCP Phone/24 Hours 000-000-0000 Effective Date 00/00/0000

RxBIN: 610591 RxPCN: ADV RxGRP: RX8834

Pharmacist Use Only: 1-855-364-2977

www.aetnabetterhealth.com/louisiana

THIS ID CARD IS NOT A GUARANTEE OF ELIGIBILITY, ENROLLMENT OR PAYMENT.

Aetna Better Health of Louisiana

2400 Veterans Memorial Blvd., Suite 200 Kenner, LA 70062

Member Services & Filing Grievance 24/7 Fraud & Abuse Hotline 1-855-725-0288 24 Hour Nurse Line 1-855-242-0802 Vision Services 1-800-879-6901

1-855-242-0802, TTY 711 Report Medicaid Fraud 1-800-488-2917 Pharmacy 1-855-242-0802

Emergency care: If you are having an emergency, call 911 or go to the closest hospital. You don't need preapproval for emergency transportation or emergency care in the hospital.

Providers

Provider Services and Prior Authorization 1-855-242-0802

Send medical claims to Aetna Better Health P.O. Box 61808 Phoenix, AZ 85082-1808 Electronic claims Payer ID 128LA

Amerigroup



Effective Date Date of Birth: Subscriber #:

Amerigroup Louisiana, 3850 N. Causeway Blvd., Metairie, LA 70002 www.myamerigroup.com/LA

Member Name

Medicaid or LaCHIP Number: Primary Care Provider (PCP): PCP Telephone #:

PCP After Hours # PCP Address

Vision: 1-800-787-3157

Member Services and Behavioral Health: 1-800-600-4441 Amerigroup On Call/Nurse HelpLine: 1-866-864-2544

MEMBERS: Please carry this card at all times. Show this card before you get medical care. You do not need to show this card before you get emergency care. If you have an emergency, call 911 or go to the nearest emergency room. Always call your Amerigroup PCP for nonemergency care. If you have questions or wish to file an appeal or grievance, call Member Services at 1-800-600-4441. If you are deaf or hard of hearing, call 1-800-855-2880.

MIEMBROS: Lleve consigo siempre esta tarjeta de identificación. Muéstrela antes de recibir atención médica. Usted no necesita mostrar esta tarjeta antes de recibir atención de emergencia. Si tiene una emergencia, llame al 911 o vaya a la sala de emergencias más cercana. Llame siempre a su PCP de Amerigroup para la atención que no es de emergencia. Si tiene preguntas o desea presenter una apelación o queja, llame a Servicios al Miembro al 1-800-600-4441. Llame al 1-800-855-2884 si es una si es una persona sorda o tiene problemas de la audición. HOSPITALS: Preadmission certification is required for all nonemergency admissions, including

outpatient surgery. For emergency admissions, notify Amerigroup within 24 hours after treatment at 1-800-454-3730.

PROVIDERS: Certain services must be preauthorized. Care that is not preauthorized may not be covered. For preauthorization/billing information, call 1-800-454-3730. PHARMACIES: Submit claims using Express Scripts RXBIN: 003858; RXPCN: MA; RXGRP: WKLA. For technical help, call Express Scripts at 1-844-367-6111.

SUBMIT MEDICAL CLAIMS TO:
AMERIGROUP • P.O. BOX 61010 • VIRGINIA BEACH, VA 23466-1010
USE OF THIS CARD BY ANY PERSON OTHER THAN THE MEMBER IS FRAUD.
Louisiana Medicaid Fraud and Abuse Hotline: 1-800-488-2917

AmeriHealth Caritas



DOE, JOHN PLAN ID 12345678 STATE ID 1234567890123

SEX M DOB 01/01/01 EFFECTIVE 00/00/0000

RxBIN: 600428 RxPCN: 06030000 PRIMARY DOCTOR

Dr. John Smith (ABC Family Practice) 123 Main Street Anytown, Louisiana 12345 **PHONE** 999-999-9999

PLAN CODE 355/855

LOUISIANA HEALTHCARE

CONNECTIONS



P.O. Box 83580 Baton Rouge, LA 70884 www.amerihealthcaritasla.com

Always carry your AmeriHealth Caritas Louisiana card. You'll need it to get your benefits. Go to your AmeriHealth Caritas Louisiana Primary Care Physician (PCP) for medical care.

Emergency Room: Go to an Emergency Room near you when you believe your medical condition may be an emergency. If you get emergency care, please notify

Out-of-Area Care: Report out-of-area care to AmeriHealth Caritas Louisiana and your PCP within

Mental Health, Drug & Alcohol Services: Call the toll free number for your parish. If you don't know the number, call Member Services at 1-888-756-0004.

Member Services & Filing Grievances 1-888-756-0004 | TTY 1-866-428-7588 Provider Services & Prior Authorization

Report Medicaid Fraud

1-800-488-2917

To Speak with a Nurse Anytime

1-888-632-0009

Pharmacy Member Services 1-866-452-1040 I TTY 1-855-294-7047

Pharmacy Provider Services 1-800-684-5502

AmeriHealth Caritas Louisiana Claims Processing

P.O. Box 7322, London, Kentucky 40742

Louisiana Healthcare Connections

Rx: US Script BIN: 008019

Name: JOHN SMITH

Medicaid ID #: 1234567891011 DOB: 01/01/2012

PCP Name: JANE DOE PCP Address: 1234 Main St. City, LA 71234

PCP Phone #: (555) 555-1234 **After Hours #**: (555) 555-5678

If you have an emergency, call 911 or go to the nearest emergency room (ER). You do not have to contact Louisiana Healthcare Connections for an okay before you get emergency services. If you are not sure whether you need to go to the ER, call your PCP or Louisiana Healthcare Connections NurseWise® toll-free at 1-866-595-8133 (TDD/TTY 1-877-285-4514). NurseWise is open 24 hours a day.

IMPORTANT TELEPHONE NUMBERS IMPORTANT ADDRESSES

Member Services: 1-866-595-8133 TDD/TTY: 1-877-285-4514 24/7 NurseWise: 1-866-595-8133

Vision: 1-866-595-8133

File a Grievance: 1-866-595-8133 Report Medicaid Fraud: 1-800-488-2917

Providers:

Provider Services: 1-866-595-8133 IVR Eligibility Inquiry/Prior Authorization:

1-866-595-8133

US Script: 1-877-690-9330 Report Medicaid Fraud: 1-800-488-2917

Provider/claims information via the web: www.LouisianaHealthConnect.com.

Medical claims:

Louisiana Healthcare Connections Attn: CLAIMS PO Box 4040

Farmington, MO 63640-3826

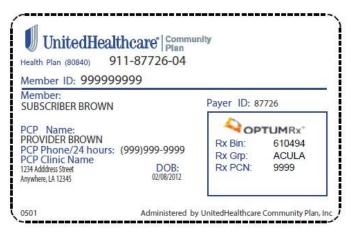
Address:

Louisiana Healthcare Connections 8585 Archives Avenue

Suite 310

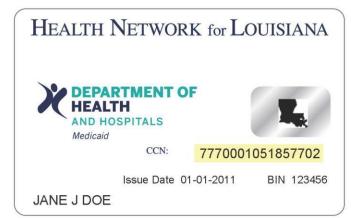
Baton Rouge, LA 70809

UnitedHealthcare Community Plan





Molina-Issued Medicaid Card



Oberthur C.S. 04 12621 4/11

This card is for identification purposes. It is not proof of current eligibility.

EMERGENCIES - For emergencies, go to the nearest health care facility or hospital emergency room. Please notify your Primary Care Physician (PCP) of emergency care as soon as possible.

For questions about this Medicaid card or the Medicaid program, call 1-800-834-3333 for help.

PROVIDERS - To verify eligibility, swipe the card or call the Recipient Eligibility Verification System (REVS) at 1-800-776-6323.

To report possible Medicaid fraud or abuse call 1-800-488-2917.

Medicaid Eligibility Verification System (MEVS)

Screenshot for an individual enrolled in a Bayou Health Plan:

Search Type	Recipient ID and DOB	Recipient ID	777777777777	Date of Birth	12/12/2011	Plan Date	01/16/2015	
Subscriber Information		Provider Information						
Name	LOUANNA, LOUIS		Provider	DHH EXEC MGMT/MOLINA PBMSTAF				
Subscriber ID	777777777777		NPI	777777773				
Date of Birth	12/12/2011		Submitter ID	2252166370				
Sex	Male							
Address	11223 MAPLE STREE CLEAR LAKE LA 7666							

For name or address discrepancies, recipients must call LA Medicaid-Eligibility Hotline 1-877-252-2447.

Insurance

Health Benefit Plan Coverage

Service Type

Benefit	Service Type Code	Insurance Type	Plan Coverage Descrip	tion
Active Coverage	Health Benefit Plan Coverage	Medicaid	Eligible for Medicaid on F Plan Begin Date	Plan Date. 01/01/2015
Deductible	Health Benefit Plan Coverage	Medicaid	Health Plan Base Deduct Plan Network.	ible is \$0 for In Plan Network and Out of
Deductible	Health Benefit Plan Coverage	Medicaid	Health Plan Remaining Deductible is \$0 for In Plan Network and Out of Plan Network.	
Benefit Description	Health Benefit Plan Coverage	Medicaid	PREFERRED LANGUAG	GE: ENGLISH
Managed Care Coordinator	Medical Care	Medicaid	BAYOU HEALTH PLAN Benefit Begin PHARMACY PBM IS US Managed Care Organization Telephone	04/01/2012 SCRIPT LOUISIANA HEALTHCARE CONNECTI (866) 595-8133
Active Coverage	Dental Care	Medicaid	DENTAL BENEFITS PLA Payer Telephone URL	N MANAGER MCNA INSURANCE COMPANY (855) 701-6262 https://portal.MCNA.net
Active Coverage		Medicaid	Eligible for Medicaid on F Inpatient, Hospital - Outp	Plan Date. : Dental Care, Hospital - atient, Pharmacy
Co-Insurance		Medicaid		nsurance is 0% for In Plan Network and spital - Inpatient, Hospital - Outpatient
Co-Payment		Medicaid		Pay is \$0 for In Plan Network and Out of Inpatient, Hospital - Outpatient

Please Note: Individual coverage level applies to all benefits.

Request Reference Number 120999620150116033333 Response Reference Number 201501160088822

Transaction run on 01/16/2015 at 03:08:24 CT by LAMedicaid - Louisiana Medicaid

Screenshot for an individual enrolled in Legacy Medicaid: